



Lead Agency: CITY OF MURRIETA  
ATTN: JARRETT RAMAIYA  
Address: 1 TOWN SQUARE  
MURRIETA, CA. 92562

**FILED / POSTED**

County of Riverside  
Peter Aldana  
Assessor-County Clerk-Recorder

E-202200616  
07/05/2022 10:20 AM Fee: \$ 2598.00  
Page 1 of 2

Removed: By: Deputy

## Project Title

RANCHO MEDICAL CENTER EXPANSION PROJECT

## Filing Type

- ☐ Environmental Impact Report
- ☒ Mitigated/Negative Declaration
- ☐ Notice of Exemption
- ☐ Other:

## Notes



State of California - Department of Fish and Wildlife

**2022 ENVIRONMENTAL DOCUMENT FILING FEE****CASH RECEIPT**

DFW 753.5a (REV. 01/01/22) Previously DFG 753.5a

**CITY OF MURRIETA  
CITY CLERK DEPARTMENT****2022 JUL 12 PM 3:28***kg → JR. Plann*

RECEIPT NUMBER.

22-253073

STATE CLEARINGHOUSE NUMBER (if applicable)

2021060440

**SEE INSTRUCTIONS ON REVERSE. TYPE OR PRINT CLEARLY.**

LEAD AGENCY

CITY OF MURRIETA

LEAD AGENCY EMAIL

DATE

07/05/2022

COUNTY/STATE AGENCY OF FILING

RIVERSIDE

DOCUMENT NUMBER

E-202200616

PROJECT TITLE

RANCHO MEDICAL CENTER EXPANSION PROJECT

PROJECT APPLICANT NAME

UNIVERSAL HEALTH SERVICES OF RANCHO

PROJECT APPLICANT EMAIL

PHONE NUMBER

(951) 461-6069

PROJECT APPLICANT ADDRESS

1 TOWN SQUARE,

CITY

MURRIETA

STATE

CA

ZIP CODE

92562

**PROJECT APPLICANT** (Check appropriate box)☒ Local Public Agency ☐ School District ☐ Other Special District ☐ State Agency ☐ Private Entity**CHECK APPLICABLE FEES:**

<input type="checkbox"/> Environmental Impact Report (EIR)	\$3,539.25	\$	
<input checked="" type="checkbox"/> Mitigated/Negative Declaration (MND)(ND)	\$2,548.00	\$	\$2,548.00
<input type="checkbox"/> Certified Regulatory Program (CRP) document - payment due directly to CDFW	\$1,203.25	\$	

☐ Exempt from fee☐ Notice of Exemption (attach)☐ CDFW No Effect Determination (attach)☐ Fee previously paid (attach previously issued cash receipt copy)

<input type="checkbox"/> Water Right Application or Petition Fee (State Water Resources Control Board only)	\$850.00	\$	
<input checked="" type="checkbox"/> County documentary handling fee		\$	\$50.00
<input type="checkbox"/> Other		\$	

**PAYMENT METHOD:**☐ Cash ☐ Credit ☒ Check ☐ Other**TOTAL RECEIVED** \$ **\$2,598.00**

SIGNATURE

**X** *U. Sandra*

AGENCY OF FILING PRINTED NAME AND TITLE

Deputy

# Notice of Determination

Appendix D

**To:**
☐ Office of Planning and Research

U.S. Mail:

P.O. Box 3044

Sacramento, CA 95812-3044

Street Address:

1400 Tenth St., Rm 113

Sacramento, CA 95814

☒ County Clerk

County of: Riverside

Address: 2724 Gateway Dr
Riverside, CA 92507
**From:**

Public Agency: City of Murrieta

Address: 1 Town Sq.
Murrieta, CA 92562

Contact: Jarrett Ramaiya, City Planner

Phone: 951-461-6069

Lead Agency (if different from above):

Address:

Contact:

Phone:

**SUBJECT: Filing of Notice of Determination in compliance with Section 21108 or 21152 of the Public Resources Code.**

State Clearinghouse Number (if submitted to State Clearinghouse): 2021060440

Project Title: Rancho Medical Center expansion project

Project Applicant: Universal Health Services of Rancho Springs, Inc.

Project Location (include county): 25500 Medical Center Drive (APN: 912-010-030 and -032), County of Riverside
**Project Description:**

The project is a Development Plan and Revised Permit to construct a 36,000 square-foot, two-story hospital expansion which connects to the south side of existing Women's Center and Emergency Department (ED) building within the Rancho Springs Medical Center campus. Building expansion includes ancillary support spaces for 14 new beds within Pediatrics Dept and Intensive Care Center (ICU) on the ground floor, and ten new post-partum beds and 16 beds within the Neo-Natal ICU Department is proposed on the 2nd floor, along with new MRI facility and kitchen upgrade. Also, construct a new helipad platform on the easterly side of campus near the ambulance entry.

This is to advise that the City of Murrieta (City Council) has approved the above  
☒ Lead Agency or ☐ Responsible Agency

described project on June 21, 2022 and has made the following determinations regarding the above  
(date)  
described project.

1. The project [☐ will ☒ will not] have a significant effect on the environment.
2. ☐ An Environmental Impact Report was prepared for this project pursuant to the provisions of CEQA.  
☒ A Negative Declaration was prepared for this project pursuant to the provisions of CEQA.
3. Mitigation measures [☒ were ☐ were not] made a condition of the approval of the project.
4. A mitigation reporting or monitoring plan [☒ was ☐ was not] adopted for this project.
5. A statement of Overriding Considerations [☐ was ☒ was not] adopted for this project.
6. Findings [☐ were ☒ were not] made pursuant to the provisions of CEQA.

This is to certify that the final EIR with comments and responses and record of project approval, or the negative Declaration, is available to the General Public at:

City of Murrieta: 1 Town Sq. Murrieta, CA 92562

Signature (Public Agency):

City Planner

Date: 06/21/22

Date Received for filing at OPR: